



Owner-Occupied Rehabilitation

A loan program that offers affordable financing to qualified homeowners within the City of Bloomington jurisdiction to make property improvements.

Application

Submit completed application and all requested information to:

City of Bloomington Housing and Neighborhood Development (HAND)
Showers City Hall, Suite 130
401 N. Morton Street, P.O. Box 100
Bloomington, IN 47402

(812) 349-3401
HAND@bloomington.in.gov

Funds are available on a first-come, first-serve basis.
Funding is contingent upon the availability of funds.



Dear Homeowner(s):

Through the Owner-Occupied Rehabilitation (OOR) loan program the City of Bloomington Department of Housing and Neighborhood Development (HAND) is providing property rehabilitation funding of up to \$38,500 with the goal of restoring the health and safety your home. The loan covers all costs associated with the rehabilitation project (labor, supplies, and materials). HAND manages the project from start to finish, which includes developing a scope of work, placing the work out to bid, and establishing a contract with a contractor to complete the work. HAND inspects the work for approval prior to making payments to the contractor.

TO BE ELIGIBLE, YOU MUST:

1. Be an owner and primary occupant of a property within the Bloomington corporate city limits
2. Have a valid Homeowner's Insurance Policy in place.
3. Be current on your property taxes.
4. Meet underwriting guidelines for the OOR loan program.
5. Have a maximum total family income (including all adult members of the household and all sources of income) of no more than*:

Household Size	1	2	3	4	5	6
Maximum Annual Household Gross Income	\$47,800	\$54,600	\$61,450	\$68,250	\$73,750	\$79,200

*2022 Income Guidelines. Income guidelines are subject to change.

Applications are prioritized for funding purposes on a first-come, first-served basis. A completed application and all supporting documentation requested is needed to be considered for the program. The following page is a checklist list of what information you will be required to provide to submit a completed application.

Checklist

APPLICATION

- _____ Four page application with signature(s) and date(s)
- _____ Attached Authority to Verify Credit information form with signature(s) and date(s)
- _____ Part I & II of attached Verification Forms (deposits, employment, mortgage)

PROOF OF HOME OWNERSHIP

- _____ Deed to property
- _____ Most recent mortgage statement

PROOF OF RESIDENCY

- _____ Copy of a current utility bill (i.e. water, gas, telephone, or electricity bill)

PROOF OF HOMEOWNERS INSURANCE

- _____ Copy of the homeowners insurance policy

PROOF OF INCOME ELIGIBILITY FOR ALL HOUSEHOLD MEMBERS 18+

- _____ Last **two months** of paycheck stubs
- _____ If self-employed, copy of year to date profit & loss statement
- _____ Benefit or entitlement letter for Social Security, annuities, insurance policy benefits, retirement funds, pensions, unemployment, disability or death benefits, worker's compensation, severance pay, alimony, child support, or Armed Forces income. **(direct deposit bank statements cannot be accepted)**
- _____ Prior year's Federal and State tax forms with all attachments or written statement that applicant does not file taxes
- _____ Most recent monthly bank statement(s)
- _____ If a household member does not have any source of income, provide a signed written statement of the fact.

[illegible]

Employment and Financial Information

Applicant:

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? _____	Employers's Name and Address:
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Co-applicant:

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Since when? _____	Employers's Name and Address:
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Please list all sources of GROSS monthly income for all adult household members:

Source	Applicant	Co-Applicant	Household Member 18 or Older	Total
Employment				
Self Employment				
Social Security (SSI)				
Disability (SSI)				
Pensions/Retirement				
Alimony/Child Support				
Investment				
Net Rental Income				
Unemployment Benefits				
Workers Compensations				
Other (list source):				
Total				

Please list your household financial assets:

Type	Cash Value	Annual Income From Assets	Financial Institution Name
Checking Accounts			
Savings Accounts			
Stocks/IRA			
U.S. Savings Bonds			
Other Real Estate			
Other (list source):			

Please List outstanding debt obligations (auto loans, credit cards, charge accounts, personal loans, real estate loans (except for the home you live in), and child support payments).

Type	Creditor's Name	Monthly Payment	Unpaid Balance
			Total

If a "Yes" answer is given to any of the following questions please explain on a separate sheet:

1. Do you have any outstanding unpaid judgements? ☐ Yes ☐ No Amount: \$ _____

2. In the past 7 years, have you declared bankruptcy? ☐ Yes ☐ No

3. Are you a party to any active lawsuits? ☐ Yes ☐ No

Please list your Monthly Housing Expenses:

Item	Monthly Payment
Mortgage Payment	
Homeowner's Insurance	
Real Estate Taxes	
Water/Sewer	
Electric	
Gas	
Home Maintenance	
Other:	
	TOTAL:

Property Information

Are you the Owner-Occupant of the property to be rehabilitated? ☐ Yes ☐ No

How many years have you occupied the home? ☐ Less than 1 year ☐ 1 to 5 years ☐ Over 5 years

What year was your home built? _____ How many bedrooms? _____

What year did you buy your home? _____ Current estimated value? _____

Original Mortgage Amount: _____ Current Mortgage Balance: _____

Lender Name and Address: _____

Have you utilized a HAND home repair/rehabilitation program before? ☐ Yes ☐ No

If yes, what year? _____

Briefly describe the scope of rehabilitation work envisioned. Attach a separate sheet if more room is necessary.

The information provided below is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

APPLICANT:

Print Name: _____

Signature: _____

Date: _____

CO-APPLICANT:

Print Name: _____

Signature: _____

Date: _____

AUTHORITY TO VERIFY CREDIT INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a grant from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective grantee under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective grantee may be delayed or rejected.

Applicant 1:

Print Name: _____

Signature

Date

Social Security Number

Applicant 2:

Print Name: _____

Signature

Date

Social Security Number

Verification of Employment

The applicant identified below has applied for loan through the Housing and Neighborhood Development Department, City of Bloomington. The individual has authorized your release of the required information. The information you provide will be used only for the purposes of determining eligibility for the loan. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact Dan Niederman, Program Manager at 812-349-3512. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant _____

Address of Applicant _____

Part II. Employer Information (To be completed by applicant)

Name of Employer _____

Address of Employer _____

Part III. Employment Information (To be completed by employer)

1. Date of Employment: _____ Position/Occupation: _____
2. Date of Termination (if applicable): _____
3. Current Rate of Regular Pay \$_____ per _____ (hour, week, month, year, etc.)
4. Current Rate of Overtime Pay \$_____ per _____ (hour, week, month, year, etc.)
5. Do you anticipate any change in the employee rate of pay in the near future?
o Yes o No. If yes: Revised Rate _____ Effective Date _____
6. Number of hours/weeks employee normally works _____
7. Do you anticipate any change in the number of hours the employee works: o Yes o No
If yes, explain under #14 below.
8. Anticipated average amount of overtime/week _____
9. Gross **annual** earnings you anticipate for this employee for the next twelve months.
(Gross amount including all tips, bonuses, overtime, commissions) \$_____
10. Does this employee receive vacation with pay? o Yes o No
11. Does this employee receive sick leave pay? o Yes o No
12. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____
13. Does this employee receive an earned income tax credit? o Yes o No
14. Additional Comments: _____

Completed by: Name: _____
Title: _____
Signature: _____
Date: _____
Tele. No.: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Verification of Employment

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Address of Applicant _____

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Name of Employer _____

Address of Employer _____

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10. Date of Termination (if applicable): _____

11. Current Rate of Regular Pay \$_____ per _____ (hour, week, month, year, etc.)

12. Current Rate of Overtime Pay \$_____ per _____ (hour, week, month, year, etc.)

13. Do you anticipate any change in the employee rate of pay in the near future?
o Yes o No. If yes: Revised Rate _____ Effective Date _____

14. Number of hours/weeks employee normally works _____

15. Do you anticipate any change in the number of hours the employee works: o Yes o No
If yes, explain under #14 below.

16. Anticipated average amount of overtime/week _____

17. Gross **annual** earnings you anticipate for this employee for the next twelve months.
(Gross amount including all tips, bonuses, overtime, commissions) \$_____

10. Does this employee receive vacation with pay? o Yes o No

11. Does this employee receive sick leave pay? o Yes o No

13. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____

13. Does this employee receive an earned income tax credit? o Yes o No

15. Additional Comments: _____

Completed by: Name: _____

Title: _____

Signature: _____

Date: _____

Tele. No.: _____

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Verification of Deposits

The applicant identified below has applied for a loan with the Housing and Neighborhood Development Department, City of Bloomington. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Dan Niederman, Program Manager, at 812-349-3512. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant: _____ SSN: _____

Address of Applicant: _____

Part II. Bank Information (To be completed by applicant)

Name of Bank: _____

Address of Bank: _____

Part III. Deposit Information (To be completed by institution)

Checking Account

Account Number(s)	Average 6-Month Balance (\$)
	\$
	\$

Is this an interest bearing account? o Yes o No

If yes, annual interest rate _____%

Savings Account

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

Certificate of Deposit

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

Trust

Value of Trust Fund Administered: \$ _____

Anticipated Amount of Income to be Earned by Trust over next 12 Months: \$ _____

Completed by: Name: _____
 Title: _____
 Signature: _____
 Date: _____
 Tele. No.: _____

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Verification of Deposits

The applicant identified below has applied for a loan with the Housing and Neighborhood Development Department, City of Bloomington. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Dan Niederman, Program Manager, at 812-349-3512. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant: _____ SSN: _____

Address of Applicant: _____

Part II. Bank Information (To be completed by applicant)

Name of Bank: _____

Address of Bank: _____

Part III. Deposit Information (To be completed by institution)

Checking Account

Account Number(s)	Average 6-Month Balance (\$)
	\$
	\$

Is this an interest bearing account? o Yes o No

If yes, annual interest rate _____%

Savings Account

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

Certificate of Deposit

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

Trust

Value of Trust Fund Administered: \$ _____

Anticipated Amount of Income to be Earned by Trust over next 12 Months: \$ _____

Completed by: Name: _____
 Title: _____
 Signature: _____
 Date: _____
 Tele. No.: _____

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Verification of Mortgage or Loan

The applicant identified below has applied for an Owner-Occupied Rehabilitation Loan. The applicant has authorized Housing and Neighborhood Development, City of Bloomington, to obtain verification of the status of this mortgage/loan on the property from you. This information will be kept strictly confidential and is for use by this Department and the US Department of Housing and Urban Development. Please furnish the information requested below and return it to HAND in the enclosed self-addressed, stamped envelope. If you have any questions, please call Dan Niederman at 812-349-3512. Thank you for your cooperation.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant: _____

Address of Applicant: _____

Mortgage/Loan Acct. #: _____

Part II. Lender Information (To be completed by applicant)

Name of Lender: _____

Address of Lender: _____

Part III. Mortgage/Loan Information (To be completed by lender)

Date of Mortgage/Loan: _____ Original Principal Amount: _____

Date of Maturity: _____ Current Principal Amount: _____

Monthly Payment: Principal and Interest: _____
Mortgage Insurance: _____
Real Estate Tax Escrow: _____
Hazard Insurance Escrow: _____
Other (_____): _____
Total Monthly Payment: _____

Are the payments current? _____. If no, amount in arrears: \$ _____ and period of arrears: _____.

Prepayment penalty: \$ _____

Completed by: Name: _____
Title: _____
Signature: _____
Date: _____
Tele. No.: _____

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